

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34071

BIRTH NO. _____		REG. DIST. NO. 182		PRIMARY REG. DIST. NO. 5686		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u> OR TOWN <u>Linn</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u> OR TOWN <u>1050</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Rest Home - Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JACOB</u>		b. (Middle) <u>WASHINGTON</u>		c. (Last) <u>REGER</u>	
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>12</u>		(Year) <u>60</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>JAN. 15, 1863</u>	
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rome Co. West Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Reger</u>		13b. MOTHER'S MAIDEN NAME <u>Tucker</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Reger</u>		ADDRESS <u>Kingsville, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>B3IX</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 26, 1949</u> to <u>Oct 9, 1950</u> , that I last saw the deceased alive on <u>Oct 9, 1950</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray R. Haley M.D.</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>Oct. 21, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beards Town Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24 - 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Budie Keelay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoen</u>		ADDRESS <u>Dwight Schoen Milan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 26 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-1
Date Filed: OCT 31 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Dwight Schauer

Licensed Embalmer No. *2667*

P. O. Address *Wichita - Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.